



State of New Jersey  
**SITE REMEDIATION PROFESSIONAL LICENSING BOARD**

Mail Code 401-06  
P.O. Box 420  
Trenton, NJ 08625-0420

Tel: 609-292-1250  
Fax: 609-777-1914  
Web: [www.nj.gov/lsrpboard](http://www.nj.gov/lsrpboard)

Chris Christie  
Governor

Kim Guadagno  
Lt. Governor

**Board Members**

David Sweeney, *Chairman*  
Joann Held, *Vice-Chairman*  
Jorge Berkowitz  
Philip Brilliant  
Richard Dewling  
Lawra Dodge  
Christopher Motta  
Karl Muessig  
Michael Pisauo  
Constantine Tsentas  
Ira Whitman

**SITE REMEDIATION PROFESSIONAL LICENSING BOARD**  
**AUDIT QUESTIONNAIRE**

You have been randomly chosen by the Site Remediation Professional Licensing Board (SRPLB) to be audited for your work as a Licensed Site Remediation Professional (LSRP) in accordance with the Site Remediation Reform Act, N.J.S.A. 58:10C-24 (SRRA), which states:

*The Board shall audit annually the submissions and conduct of at least 10 percent of the total number of Licensed Site Remediation Professionals. A Licensed Site Remediation Professional and the person responsible for conducting the remediation shall cooperate with the Board in the conduct of the audit and shall provide any information requested by the Board as part of the audit.*

Please complete this entire questionnaire and return to the SRPLB office at the address stated below, on Page 6, along with any supporting or requested documentation within **30** days of receipt. An electronic submission of supporting or requested documentation is preferred, but not mandatory. If you cannot return this form within **30** days of receipt, you must provide the SRPLB-Audit Committee a written explanation of the reasons. You will be notified in writing of the findings of this audit and may receive questions or comments from the Audit Team.

***Pursuant to SRRA, your cooperation is mandatory.***

Please print legibly or type.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ LSRP Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

The SRPLB will contact you by email and U.S. Mail Service. At which mailing address do you prefer to receive mail: \_\_\_\_\_business \_\_\_\_\_home?

What is the date of your LSRP Approval or most recent renewal?: \_\_\_\_\_

**ALL OF THE FOLLOWING QUESTIONS ARE BASED UPON YOUR CONDUCT SINCE BECOMING LICENSED AS A LICENSED SITE REMEDIATION PROFESSIONAL AND SINCE YOUR MOST RECENT AUDIT.**

**ANY AND ALL QUESTIONS REFERRING TO “YOU” REFERS TO YOU AS AN INDIVIDUAL, NOT YOUR EMPLOYER OR CLIENT.**

**A. LEGAL AND DISCIPLINARY HISTORY** (The following questions apply to the entire United States, not just New Jersey)

1. Have you been disbarred, suspended, reprimanded, censured or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license?  
\_\_\_\_\_No \_\_\_\_\_Yes If “Yes”, explain the circumstances on a separate page.
2. Have you been convicted of, or plead guilty to, an environmental crime, or any similar or related criminal offense under Federal or State law, or any crime involving fraud, theft by deception, forgery, or related criminal offense under Federal or State law? (N.J.S.A. 58:10C-7.d.(6)).  
\_\_\_\_\_No \_\_\_\_\_Yes If “Yes”, explain the circumstances on a separate page.
3. Has there been a judgment against you for malpractice or negligence related to the remediation of contaminated sites?  
\_\_\_\_\_No \_\_\_\_\_Yes If “Yes”, explain the circumstances on a separate page.

**B. LSRP SUBMISSIONS AND CODE OF CONDUCT** (Any documents submitted since your last audit may be reviewed as part of this audit).

1. For how many sites have you been retained as LSRP? \_\_\_\_\_  
(Attach a list of all the sites you have been retained as an LSRP, include site name, address, and New Jersey Department of Environmental Protection (NJDEP) Program Interest (PI) Number, client name and contact information, facility type, and scope of retention). Please include required information on a separate page.
2. Have you submitted any documents to NJDEP as an LSRP for sites referenced above, (i.e., Regulated UST, Child Care Facility, School Facility, ISRA, Landfill, Coal Gas, Spill Act Discharge) aside from the LSRP Retention Form? \_\_\_\_\_No \_\_\_\_\_Yes
3. How many Response Action Outcomes (RAO) have you issued in the past 3 years? Please provide site name, address, and NJDEP PI No., client name and contact information, and facility type, (i.e., Regulated UST, Child Care Facility, School Facility, ISRA, Landfill, Coal Gas, Spill Act Discharge). Please include required information on a separate page.  
Site-Wide: \_\_\_\_\_  
Area of Concern: \_\_\_\_\_

4. Has the NJDEP invalidated any response action outcome that you have issued?  
\_\_\_\_\_No \_\_\_\_\_Yes If "Yes", explain the circumstances on a separate page, including the PI#, Responsible Party and reason for invalidation.

5. Which do you consider your area of technical and/or regulatory knowledge? (check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> ARRCS (N.J.A.C. 7:26C)                | <input type="checkbox"/> Hydrogeology                           |
| <input type="checkbox"/> Brownfields                           | <input type="checkbox"/> ISRA (Regulation N.J.A.C. 7:26B)       |
| <input type="checkbox"/> Child Care Facility                   | <input type="checkbox"/> Landfill                               |
| <input type="checkbox"/> Chrome Site                           | <input type="checkbox"/> Preliminary Assessment                 |
| <input type="checkbox"/> Coal Gas                              | <input type="checkbox"/> Remedial Action                        |
| <input type="checkbox"/> Engineering                           | <input type="checkbox"/> Remedial Investigation                 |
| <input type="checkbox"/> Fate & Transport modeling             | <input type="checkbox"/> SRRA (N.J.S.A. 58:10C-1 et seq.)       |
| <input type="checkbox"/> Federal Oversight (RCRA, CERCLA, etc) | <input type="checkbox"/> Site Investigation                     |
| <input type="checkbox"/> Geochemistry                          | <input type="checkbox"/> Technical Regulations (N.J.A.C. 7:26E) |
| <input type="checkbox"/> Geology                               | <input type="checkbox"/> UST (Regulation N.J.A.C. 7:14B)        |

6. Has a client ever released you (voluntarily or involuntarily) as an LSRP, or have you ever withdrawn as an LSRP for a particular remediation prior to the issuance of a response action outcome for the site or area of concern (N.J.S.A. 58:10C-16d)?  
\_\_\_\_\_No \_\_\_\_\_Yes If "Yes", explain the circumstances on a separate page, include site name, address, and NJDEP PI No., client name and contact information, and the circumstances surrounding the release.

7. As an LSRP, have you completed any phase of remediation based on remediation work performed under the supervision of another LSRP in accordance with SRRA? (N.J.S.A. 58:10C-16f).  
\_\_\_\_\_No \_\_\_\_\_Yes If "Yes", explain the circumstances on a separate page.

8. Has another LSRP that you supervised committed any violation of any provision of Section 16 of SRRA? (N.J.S.A. 58:10C-16r)  
\_\_\_\_\_No \_\_\_\_\_Yes If, "Yes", explain the circumstances on a separate page, including any steps you took to avoid or mitigate the violation.

### **CERTIFICATION OF COMPLIANCE WITH CODE OF CONDUCT**

I hereby certify that:

1. I have read the LSRP Code of Conduct, stated in SRRA Section 16; and
2. Except as described below, to the best of my knowledge and belief, I have complied with the Code of Conduct at all times.

---

---

Certified: \_\_\_\_\_  
Signature of LSRP

## **UPDATE OF PREVIOUS PERSONAL INFORMATION CONCERNING YOUR LSRP LICENSE**

On a separate sheet of paper, please provide any corrections or updates that are necessary for your application for licensure as an LSRP. (Such as change of employment or mailing address).

### **C. CONTINUING EDUCATION**

List three (3) most recent courses or seminars you have attended, related to site remediation activities and your environmental profession, which were offered by NJDEP, an accredited university, professional organization or other Federal or State agency.

<b>Course Name</b>	<b>Affiliation</b>	<b>Location</b>	<b>Date</b>	<b>Total Number of Hours Attended</b>

### **D. HEALTH AND SAFETY**

Please submit a copy of your most recent OSHA 8-Hour Refresher Certificate.

1. Is your OSHA 8-hour Refresher up to date?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If "No", explain the circumstances on a separate page.

**E. AFFIDAVIT**

This affidavit is to be executed by the LSRP before a notary public:

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, swear (or affirm) that I am a Licensed Site Remediation Professional (LSRP) and that all information provided in connection with my responses to this Site Remediation Professional Licensing Board (SRPLB) audit questionnaire under the provisions of N.J.S.A. 58:10C-1 et seq. of the Site Remediation Reform Act (SRRA) is true to the best of my knowledge and belief. I understand that any knowing omissions, inaccuracies or failure to make full disclosure may result in an unsatisfactory audit finding and subject me to disciplinary action and/or suspension or revocation of my license.

I further swear (or affirm) that I have read SRRA (N.J.S.A. 58:10C-1 et seq.) and fully understand that by holding a Site Remediation Professional License, I am bound by the requirements of SRRA.

Furthermore, in accordance with Section 24 of SRRA, I voluntarily consent to an audit by the SRPLB and a thorough investigation of my past and present employment and other activities for the purpose of verifying my remediation submissions and adherence to the Code of Conduct (N.J.S.A. 58:10C-16). I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, State, Federal and foreign) to release any information, files or records requested by the SRPLB.

Finally, I understand that knowingly providing inaccurate information or declining to participate in the audit shall result in disciplinary action and may result in the suspension or revocation of my license.

\_\_\_\_\_  
LSRP Signature

\_\_\_\_\_  
LSRP Number

Sworn and subscribed to me this \_\_\_\_\_

day of \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

Affix Stamp Here

\_\_\_\_\_  
Signature of Notary Public

Return, via Certified Mail or Overnight with tracking, to:

Site Remediation Professional Licensing Board  
c/o New Jersey Department of Environmental Protection/Site Remediation Program  
Office of Assistant Commissioner  
PO Box 420; Mailcode 401-06  
401 East State Street  
Trenton, New Jersey 08625-0420  
Attn: Audit Committee

Electronic Submissions and Questions can be forwarded to the attention of the Audit Committee at: [srplboardcontact@dep.state.nj.us](mailto:srplboardcontact@dep.state.nj.us)